

VENDOR NAME AND ADDRESS Sibaweihih Rufayi 11020 SE Kent Kangley Rd. x206 Kent, WA 98030	AGENCY NUMBER 2150	LOCATION CODE
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)		
RECEIVED BY BUSINESS OFFICE		DATE RECEIVED

AGENCY P.R. OR AUTHORIZATION NUMBER
REFUND

AGENCY NAME AND LOCATION
**UTILITIES AND TRANSP. COMM.
 1300 S. EVERGREEN PK DRIVE S.W.
 P.O. BOX 47250
 OLYMPIA, WA 98504-7250**

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED STAPLE INVOICES ON BACK

REVENUE REFUND – Carrier withdrew pending Common Carrier application.

RECEPTION OR FIELD RECEIPT NO. 33007 DATED 6/14/11 \$275.00

KWC 6-21-11

PREPARED BY Tina Leipski			TELEPHONE NUMBER 664-1170			DATE 6/20/11			AGENCY APPROVAL <div style="text-align: right; font-size: 1.5em; font-family: cursive;">KWC</div>					DATE		
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.			REF. DOC. NO.		VENDOR NUMBER VOD1			VENDOR MESSAGE		USE TAX		UBI NUMBER
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU B OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	198		111			02	68							\$275.00	REFUND	
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL \$275.00		WARRANT NUMBER	